مستشفى الدكتور محمد القفيه
DR. MOHAMMAD ALFAGIH HOSPITAL

Infection Prevention and Control Departement

HAI Outbreak Report

1. Introduction:

We received a critical result from the microbiology section with candida auris growth in wound c/s for one patient in medical ward transferred from ICU a day before the sample collection.

Outbreak investigation done to be confirmed and contact tracing / isolation and infection control measures were done as required (patient on contact precaution since admission in ICU, ward staff and housekeepers instructed to avoid using quaternary ammonium products and instead of that use bleach 1:50 for routine cleaning and 1:10 for terminal ***cleaning)***

- **Who**: *Patient*
- **Where:** *ICU/ Medical ward*
- **What:** *Presence of one case with candida auris*
- **When**: *09//08/2023*
- **Why:** *Based on outbreak guidelines one case of HAI candida auris considered an outbreak*
- **Diagnosis:** *Bed ridden shortness of breathing, DM, HTN, IHD, lung fibrosis, Interstitial Pulmonary Disease, IHD disease, pneumonia, patient has 2nd degree pressure ulcer on her sacral area.*

2. Background:

From 2009, Candida auris has emerged as a multidrug-resistant yeast pathogen with the capacity for easy transmission between patients and hospitals, as well as persistence on environmental surfaces, It is associated with high mortality, healthcare associated infection outbreaks, long hospital stays, and increasing healthcare facility costs. It causes diseases ranging from superficial skin infections to invasive bloodstream infections (BSI) with high mortality rates at around 30% to 60% In addition, the difficulty faced in the identification, incorrect use of antifungal drugs, and treatment failure are *associated with negative health consequences.*

3. Investigation Methods:

A. Laboratory methods: Specimen type(s): Urine C/S

B. Analytical methods

- **Data collection**

➢ **Case definition**

We defined a confirmed case as any case with confirmed Candida auris microbiology result with sample collected after 2 calendar days of admission.

➢ **Case finding methods.**

Source and mode of data gathering: *Case-finding and line listing, medical record reviews,* lab records, staff interviews.

➢ **Data analysis methods**

Moneerah Mohammed Alnasser

13601723 72 years female

Admitted In 24/7/2023

Admission diagnosis: hyponatremia, dehydration

History: Bed ridden, arthritis, HTN, dementia, Parkinson's disease, multiple bedsore

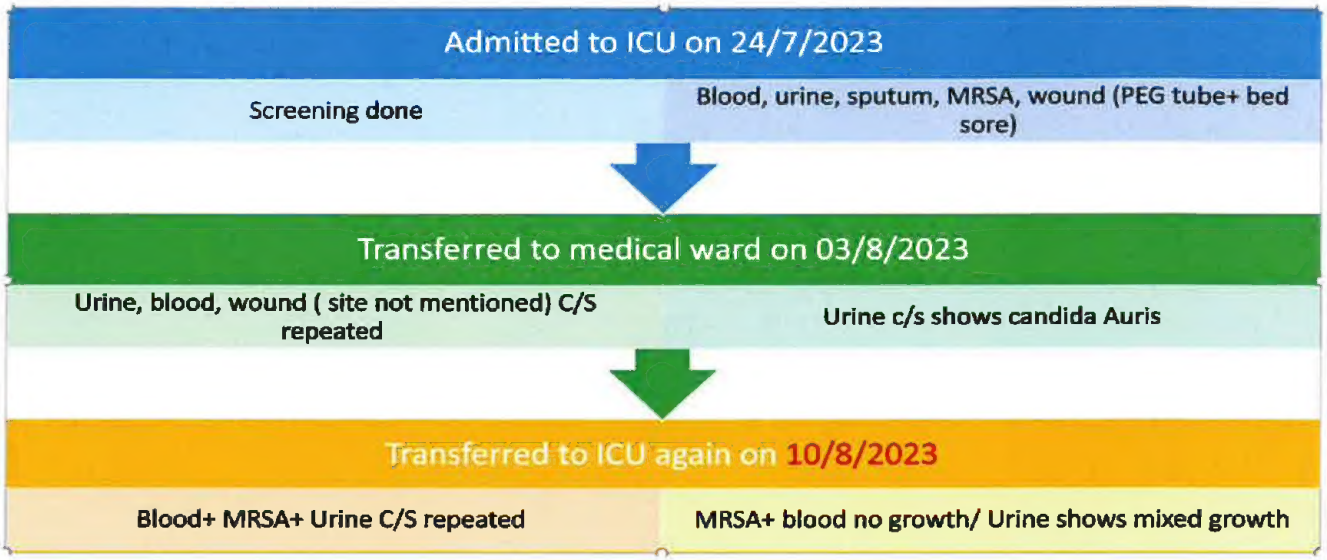
Screening:

Blood, urine, sputum, MRSA, wound (PEG tube -bed sore)

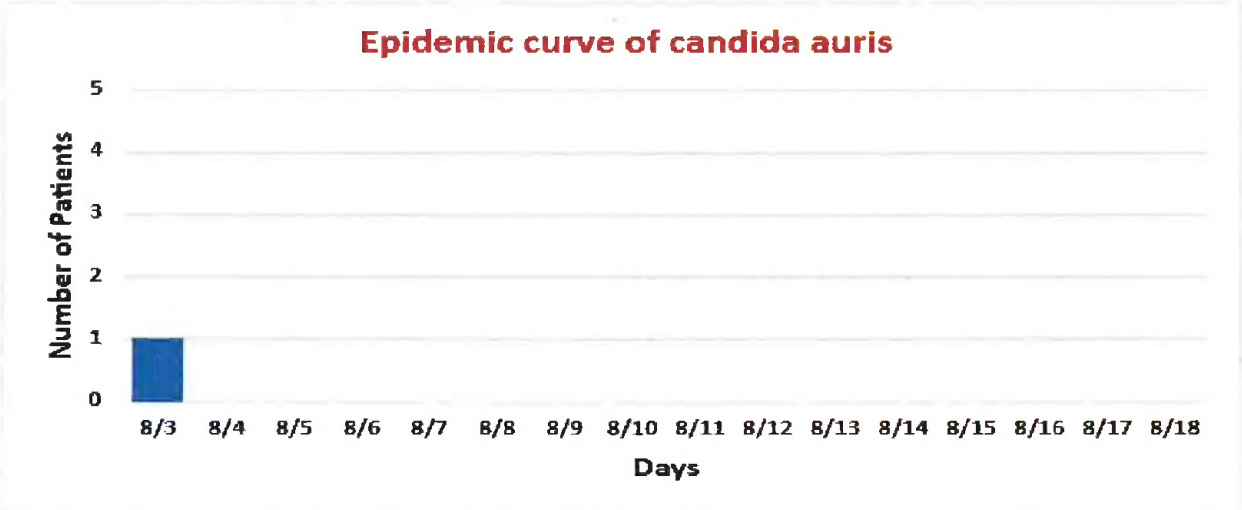
Admitted with tracheostomy, peg tube, UC inserted in ER during admission

مستشفى الدكتور محمد الفقيه
DR. MOHAMMAD ALFAGIH HOSPITAL

Infection Prevention and Control Departement



4. Results



A. The outbreak *Summary description including:*

- *Overall number of cases: 1 HAI case*
- *Place: ICU*

B. Laboratory findings

- *Number of clinical tested and found positive of candida auris :1 case.*
- *No further cases*

C. Hypothesis generation

- Screening for any wound to admitted patients to ICU,
- Using Fumigation machine in Terminal Cleaning post patient discharge in all ICU rooms / isolation rooms was done in the affected areas as per MOH instructions.

D. Infection prevention interventions

- Contact tracing was done and no high-risk staff or patient.
- Isolation and infection control measures were done as required (for hand hygiene compliance / PPE compliance / isolations precautions) .
- Observe Staff compliance to standard and contact isolation precautions.
- Reinforce the implementation of screening policy.
- Using Fumigation machine in Terminal Cleaning post patient discharge in all ICU rooms / isolation rooms was done in the affected areas as per MOH instructions.
- Follow up for the staff and patient admitted in the same units and handled with the same staff.
- Post-outbreak analytic studies

5. Discussion:

A. Discussion of main results

- *Partially -Compliance of septic screening policy for Cash patient.*
- Non Using Fumigation machine in Terminal Cleaning post patient discharge in all ICU rooms / isolation rooms due to machine malfunction.

B. Discuss lessons learned and Recommendations, actions.

- *To adhere Compliance of septic screening policy by treating physician order to all ICU admitted patients included Cash patient by creating less price for all cultures for screening.*
- *Re training for in front staff for screening policy*
- *Re training for in front staff for outbreak management policy*
- *Create a protocol for patient de colonization.*

6. Conclusions

- *Encourage all DMFH staff to strictly adhere to the Candida auris related infection prevention and control measures starting from septic screening of all patients admitted to critical cares areas or transferred from another healthcare facilities.*

مستشفى الدكتور محمد الفقيه
DR. MOHAMMAD ALFAGIH HOSPITAL

Infection Prevention and Control Departement

Prepared by: Hana Idres
Infection Control Practitioner
Signature :.....

Check, Reviewed by: Mona Mohamed
Infection Control Department Head
Signature :.....

Approved by: Eng. Assaf Alssaf
CEO, IPC Committee chairman
Signature :.....